PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				(5/1)-2						
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi- ed below or directed of tions.	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by (UE FEE and PUBLIC orders and notification a) specifying a new c	CATION I of mainte corresponde	FEE (if requi enance fees w ence address;	ired). E vill be and/or	Blocks 1 through 5 : mailed to the curren (b) indicating a sep	should be c correspond arate "FEE	ompleted where lence address as ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
55694					of Mailing or Trans					
DRINKER BII 1500 K STREET SUITE 1100		I hereby certify that this Fee(s) Transmittal is being deposited States Postal Service with sufficient postage for first class mail addressed to the Mail Stop ISSUE FEE address above, or transmitted to the USPTO (571) 273-2885, on the date indicates			with the United I in an envelope being facsimile d below.					
WASHINGTON		(Depositor's n			(Depositor's name)					
									(Signature)	
				<u> </u>					(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	OR ATTORNEY DOC		RNEY DOCKET NO.	CONFIRMATION NO.		
10/516/076 11/29/2004 Hambias Saitoh 046124-5344 7690 TITLE OF INVENTION: FLUORESCENCE LIFETIME DISTRIBUTION IMAGE MEASURING SYSTEM AND ITS MEASURING METHOD										
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PRE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	D/	ATE DUE	
nonprovisional	NO	发射線 \$144	40 \$300		\$0 .		x\$1700 \$1	740 12	/21/2007	
EXAMINER ART UNIT			CLASS-SUBCLASS							
LAUCHMAN, LAYLA G 2877			356-317000							
1. Change of corresponde CFR 1.363). ☐ Change of corresp Address form PTO/SE ☐ "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the paster front page, list (1) the names of up 0.3 registered patent attomeys or agents OR, alternatively. (2) the name of a single firm (laving as a member a registered attorney or agent) and the names of up to listed, no name will be printed. listed, no name will be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE										
Hamamatsu Photonics K.K. Shizuoka, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Indiv	idual 🖼 Co	rporatio	on or other private gr	oup entity (Government	
4a. The following fee(s) a	b. Payment of Fee(g): (Please first reapply any previously paid issue fee shown above) A check is enclosed. A check is enclosed. The Director is bereby subtorized to charge-gle required fee(g), day deficiency, or credit any overpayment, to Deposit Account Names 2"-U-D" (enclose a rate copy of this form).									
	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no	longer cla	iming SMAL	L ENT	TTY status. See 37 C	FR 1.27(g)(2	2).	
NOTE: The Issue Fee and interest as shown by the r	Publication Fre (if requeecords of the finited Sta	ired) will not be accepted tes-Patent and Trademark	d from anyone other the Office.	an the app	licant; a regis	tered a	ttorney or agent; or th	e assignee o	or other party in	
Authorized Signature	1,4,5.	Ł		D	ate	DELE	MAGR 18, 20			
Typed or printed name	Peter J. Si	stare		R	egistration N	o. <u>48</u>	,183			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC. 122 and 37 CFR 1.4 This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, US. Pater and Timederant Cut. SD. Expertment of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.